



Read this information first

Quarters end on March 31, June 30, September 30, and December 31.

SPRINGFIELD IL 62794-9480

If you have any questions, call our Springfield office between 8:00 a.m. and 4:30 p.m. at 217 524-4164. You may also write to us at the address above.

Step 1: Identify your business

4 This report is for the quarter ending ____/____/____
Month Year

Street address

City

State

ZIP

Step 2: List your sales or leases

which the equipment will be used in the appropriate columns. Attach additional sheets if necessary.

Note: If you did not make any sales or leases this quarter, write “none” on Line 1 and go to Step 3.

**Date of sale
or lease**

Name _____

Number and street

City, state, ZIP

Name _____

Number and street

City, state, ZIP

Name _____

Number and street

City, state, ZIP

Name _____

Number and street

City, state, ZIP

► Please turn this form over and continue completing Steps 2 and 3.

RB-41 front (R-4/01)

This form is authorized as outlined by the Bingo License and Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty. This form has been approved by the Forms Management Center. IL-492-2903



Step 2: List your sales or leases (continued)

5

Name

Number and street

City, state, ZIP

B -

\$

Month

Day

Year

6

Name

Number and street

City, state, ZIP

B -

\$

Month

Day

Year

7

Name

Number and street

City, state, ZIP

B -

\$

Month

Day

Year

8

Name

Number and street

City, state, ZIP

B -

\$

Month

Day

Year

9

Name

Number and street

City, state, ZIP

B -

\$

Month

Day

Year

10

Name

Number and street

City, state, ZIP

B -

\$

Month

Day

Year

11

Name

Number and street

City, state, ZIP

B -

\$

Month

Day

Year

Step 3: Sign below

Under penalties of perjury, I state that I have examined this report, and to the best of my knowledge, it is true, correct, and complete.

Officer's signature

Title

Date